

Registry Review

The newsletter of the DHEC SC Central Cancer Registry

SPRING 2010

New SCCCR Contract with CDC:

Enhancing the Reporting of Polycythemia Vera and other Reportable Hematopoietic Diseases from Oncology Offices

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CDC recently awarded three states with a contract to work with oncology offices to enhance the reporting of polycythemia vera (PV) and other reportable hematopoietic diseases (RHD) to the central cancer registry. The SCCCR applied for this competitive award and was chosen to receive the funds for the 25 month project.

The real potential exists for these cases, many of which are not pathology-based, to be missed by existing routine casefinding methods for non-hospital sources. The goal of the project is to utilize our electronic means to receive the cases and to train oncology office staff in all aspects of casefinding and reporting these complex conditions.

The new tools being developed for the Hematopoietic & Lymphoid Neoplasm Project (led by SEER) will be used in casefinding and quality control efforts for this project.

The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual supplemented by the Hematopoietic Database will be essential tools to determine reportability, primary site and histology, number of primaries, cell lineage and phenotype.

Training was held in Atlanta on March 8 for the three states' project staff. A timeline for all activities regarding the project has been set. The project will involve reporting 2010 diagnosed cases. More information will be forth coming on this project.



SCCCR Registry Scores Gold

We are very fortunate to have been granted gold certification for the 2007 data collection year from the North American Association of Central Cancer Registries (NAACCR). This is the most recent of nine certification awards received. The SCCCR submitted population-based incidence data, cases diagnosed in 2007, for review by the NAACCR Certification Committee. The review involves measuring levels of completeness, timeliness and quality of the data. To be awarded gold certification, registries must obtain at least 95% completeness of case ascertainment.

It is the dedication of SC reporting facilities, cancer registrars and SCCCR staff that make this achievement possible year after year. We thank you for your continued support of the registry.

From the Director

Ausan Belick-Aldrich

It's great to provide all of you with the SCCCR Newsletter, 2010 Spring Issue. There is much to cover as a result of all the activities occurring at this time. I will let you read about them in each article.

These are indeed trying financial times for all. State budget cuts continue to come. The SCCCR is truly thankful for the DHEC support provided us as state matching funds dwindle. CDC funding has been level and we have been able to acquire additional special project federal funds (that you will read about here).

We continuously brainstorm on how we can provide better service to you, our valuable data sources. This year, we will be able to provide the "annual death match" of your data to DHEC vital records death files for those who need it. You received an email about it in February from Janice. Take a look at the article here as well.

The SCCCR, with your help, has maintained our Gold Certification from NAACCR for another year. Thanks to the great work you do in providing high quality cancer data to us.

One of our biggest milestones in SCCCR history is our Ten Year Report. Please take a look at the description. It rivals nationally produced scientific cancer reports of its kind.

I cannot write to you without mentioning the challenges that lay ahead of us this year with all the cancer registry changes occurring. We are doing our best to provide you with all the information you need to implement the changes and meet the challenges. We are excited to take advantage of the available technology in providing state-wide training using Microsoft Live Meeting. Thanks to our CDC colleagues who make this opportunity available to us. We want your feedback on the recent training sessions held.. So far it has been positive. Continue to let us know how this web-based training works for you.

I will mention that as SCCRA Education Chair this year, I am looking forward to our Annual Conference in August. The program is coming together, and you will see from some of the articles here, that some of these topics will be covered in more depth at the meeting.

Finally, I can probably speak for all in saying that Spring in South Carolina has never been more welcomed after our long cold winter. I wish you all a fabulous remainder of 2010.

Happy Cancer Registrars Week!!!!



New System Changes & Updates

Michael Castera



We have made several internal changes to our systems and software. By utilizing a variety of the Registry Plus applications we have already increased efficiency in the SCCCR. These changes include:

- 1) Using **Link Plus** for probabilistic matching (instead of Microsoft Access) on files coming in from a variety of sources and exporting that information to our regional Data Coordinators and QC Editors.
- 2) Loading newly received electronic pathology files from LabCorp through PHINMS into our **e-MaRC Plus** (formerly Mapper Plus) application to build abstracts from the pathology report information that can be exported at a later date and directly imported into PrepPlus or Abstract Plus for completion of the remaining data fields before the record goes into CRS Plus (the SCCCR main database). This is an automated process that only requires manual review of the path report information to verify it is accurate before the record is saved in a NAACCR format. We hope to start getting additional pathology labs to participate in this process to increase our case completeness.
- 3) Another application that has been improved is **WebPlus**. The downloading feature allows us to send various types of files or other information with patient information, etc. to facilities and one another without having to password protect it. The secure transmission through WebPlus allows us to do this without worrying about the data being hacked or intercepted by someone outside of the central registry. There are other features and reports through WebPlus that I will be presenting at the SCCRA meeting in August. The SCCCR has seen a significant improvement in the processing and consolidating of records into the main database.

As you can see, the Registry Plus applications have allowed the SCCCR to become more efficient and streamline processes that previously required manual intervention. CDC is constantly making changes and updates to these applications that we will be using in the future.

If you have any questions or want to make a recommendation or suggestion, please don't hesitate to give us a call.



2010 South Carolina Cancer Report Card

“Working together, making the grade”

Alberg JA, Bolick SW, Daguise VG, Hebert JR, Ray P, Savoy JE, Ureda J, Waln A. South Carolina Cancer Report Card. Columbia, SC: South Carolina Cancer Alliance, February 2010.
Available at <http://www.sccanceralliance.org>

On February 19, 2010, the second SC Cancer Report Card was unveiled at the SC Cancer Alliance (SCCA) Winter Conference. The Report Card is a 50-page document that highlights seven cancer types. Cancer incidence and mortality rates at the county level are compared to the rates of the state and nation. Based on that comparison, grades are assigned as to whether the county rates were statistically better or worse or no different. The grades are demonstrated as colored shading on the county maps.

Funded by a grant from the US Centers for Disease Control to the SC Department of Health and Environmental Control (DHEC), the Comprehensive Cancer Control Plan for South Carolina takes on the challenges that cancer presents, and is expressed most intensely among underserved citizens. The SC Plan is fueled by the data provided by the SC Central Cancer Registry and is designed to change as circumstances, the collective perceptions of need, accomplishment and opportunity change. This Report Card is an important means of informing our constituencies of these needs, accomplishments and opportunities.

The Report Card also highlights some of the successes of the SCCA and their partners. It provides a call-to-action plan for South Carolinians, legislators, clinicians, and hospital and medical facility administrators. In each call-to-action, clinicians are encouraged to make sure their cases are reported to the cancer registry.

The seven cancers highlighted in the report are: breast, cervix, colon/rectum, esophagus, lung, oral cavity/pharynx, and prostate. These cancers represent the vast majority of cancer diagnoses, cause of cancer death, disability, and suffering. For these cancers, it provides information on disparities, stage at diagnosis, and 5-year survival when appropriate.

It includes a section on partners and resources. The list is not all inclusive but represents most of the organizations that have worked closely with the SCCA in the past five years.

Ten recommendations drawn from the 2007 World Cancer Research Fund/American Institute for Cancer Research Second Expert Report are provided for cancer prevention on page 4 of the Report Card. They are:

1. Be as lean as possible without becoming underweight.
2. Be physically active for at least 30 minutes every day.
3. Avoid sugary drinks. Limit consumption of energy-dense foods.
4. Eat a variety of vegetables, fruits, whole grains, and legumes such as beans.
5. Limit consumption of red meats and avoid processed meats.
6. If consumed at all, limit alcoholic drinks to 2 for men and 1 for women a day.
7. Limit consumption of salty foods and foods processed with salt (sodium).
8. Don't use supplements to protect against cancer.
9. It is best for mothers to breastfeed exclusively for up to 6 months and then add other liquids and foods.
10. After treatment, cancer survivors should follow the recommendations for cancer prevention.



DHEC Environmental Public Health Tracking (EPHT) Network

<http://www.scdhec.gov/administration/epht/Cancer.htm>

DHEC is very excited to have been selected by the CDC to be a part of a cooperative agreement to participate in the Environmental Public Health Tracking (EPHT) Network. EPHT's primary purpose is to establish systematic, ongoing surveillance, and sustainable approaches for tracking and managing data, information and knowledge related to environmental hazards, exposures and resulting health outcomes.

EPHT has many data partners throughout the state who provide the tracking data. The SCCCR provided the cancer data for EPHT. There will be annual updates provided. The website went live on February 1. The link is listed above. Check it out!

Fran Marshall, the SC State Toxicologist, heavily involved in the EPHT project, will speak at the SCCRA Annual Conference to describe and demonstrate DHEC's EPHT Network.

New Death Match Service offered by the SCCCR

In an effort to provide better service to all our data sources in the state, **the SCCCR will now be able to match your cancer registry data to DHEC death files for you. This annual death match will replace the monthly cancer death reports posted to Filezilla by DHEC Division of Biostatistics, eliminating your having to pull down the monthly cancer deaths and then matching them to your files.** Of course, there is no fee attached.

We were aware that some of the hospitals had trouble getting their facilities to open the ports to allow the information to flow from DHEC to their facilities. Working with DHEC Biostatistics, we discussed ways to remedy this problem. It was decided that the SCCCR would match the hospitals' data against the DHEC death indexes annually.

Since we will be doing the linkages, we will match the hospital data against ALL causes of death instead of just the cancer deaths. This should improve the completeness of the death information for your cases in your registry as some cancer patients die of other causes. We will be limited in that we can only provide that the person "did" or "did not" die of cancer. We cannot release the actual cause of death.

If you would like to know how to request this information, please contact Janice Shirley at shirlej@dhc.sc.gov, (803) 731-1419. We are happy to offer this new death match to all our data sources. We hope it will help to streamline your registry operations.

USES OF CANCER REGISTRY DATA IN SC

The SCCCRC has worked hard on several special projects for publication during the past several months. These projects are a good example of how cancer registry data are used by the SCCCRC as well as other agencies and organizations to help all South Carolinians learn more about cancer in South Carolina. *Your* quality data makes these and other projects possible (and successful!). If you would like a copy of any of the following documents (where a link is not provided) please contact either Jonathan Savoy or Deborah Hurley at the SCCCRC (803.731.1419).

(1) South Carolina Central Cancer Registry Ten Year Report

Hurley DM, Ehlers ME, Mosley-Broughton CM, Bolick-Aldrich SW, Savoy JE. Cancer in South Carolina, USA 1996-2005: South Carolina Central Cancer Registry Ten Year Report. Columbia, SC: South Carolina Department of Health and Environmental Control, Office of Public Health Statistics and Information Services, Central Cancer Registry, April 2009. Available at <http://www.scdhec.gov/co/phsis/biostatistics/SCCCR/Reports.htm>

Summary: In April 2009 the SCCCRC released its first ever 10-year report using the 1996-2005 incidence and mortality data. This nearly 400 page report contains extensive statistics on cancer incidence, mortality, and survival, along with more detailed descriptive summaries by race and sex of 15 select cancer sites. A formal press release was printed in *The State* newspaper in June of 2009.

(2) Mapping cancer mortality-to-incidence ratios to illustrate racial and sex disparities in a high-risk population

Hebert JR, Daguise VG, Hurley DM, Wilkerson RC, Mosley CM, Adams SA, Puett R, Burch JB, Steck SE, Bolick-Aldrich SW. *Mapping cancer mortality-to-incidence ratios to illustrate racial and sex disparities in a high-risk population*. Cancer, 2009. **115**(11): p. 2539-52.

Abstract: BACKGROUND: Comparisons of incidence and mortality rates are the metrics used most commonly to define cancer-related racial disparities. In the US, and particularly in South Carolina, these largely disfavor African Americans (AAs). Computed from readily available data sources, the mortality-to-incidence rate ratio (MIR) provides a population-based indicator of survival. METHODS: South Carolina Central Cancer Registry incidence data and Vital Registry death data were used to construct MIRs. ArcGIS 9.2 mapping software was used to map cancer MIRs by sex and race for 8 Health Regions within South Carolina for all cancers combined and for breast, cervical, colorectal, lung, oral, and prostate cancers. RESULTS: Racial differences in cancer MIRs were observed for both sexes for all cancers combined and for most individual sites. The largest racial differences were observed for female breast, prostate, and oral cancers, and AAs had MIRs nearly twice those of European Americans (EAs). CONCLUSIONS: Comparing and mapping race- and sex-specific cancer MIRs provides a powerful way to observe the scope of the cancer problem. By using these methods, in the current study, AAs had much higher cancer MIRs compared with EAs for most cancer sites in nearly all regions of South Carolina. Future work must be directed at explaining and addressing the underlying differences in cancer outcomes by region and race. MIR mapping allows for pinpointing areas where future research has the greatest likelihood of identifying the causes of large, persistent, cancer-related disparities. Other regions with access to high-quality data may find it useful to compare MIRs and conduct MIR mapping.

(3) Racial disparities in cervical cancer mortality in an African American and European American cohort in South Carolina

Adams SA, Fleming A, Brandt HM, Hurley D, Bolick-Aldrich S, Bond SM, Hebert JR. *Racial disparities in cervical cancer mortality in an African American and European American cohort in South Carolina*. J S C Med Assoc, 2009. **105**(7): p. 237-44.

Abstract: South Carolina (SC) has some of the largest health disparities in the nation, in particular cancer mortality rates that disfavor African Americans (AA) in comparison to European Americans (EA) with 37% higher incidence and 61% higher mortality rates for AA women compared to EA women. Consequently, the purpose of this investigation was to examine and compare the impact of race on survival among cervical cancer patients in SC. Data from the SC Central Cancer Registry on all AA and EA cervical cancer patients in SC were analyzed for this investigation. All women greater than 19 years of age with a histopathologically-confirmed cervical neoplasm were included. Kaplan Meier survival curves were calculated and compared for each racial group using the log rank test statistic. Significant differences between races were noted for alcohol use, grade, histology, marital status, and vital status. AA women with cervical cancer had significantly decreased survival compared to EA women (49% vs. 66%, $p < 0.01$). This same trend was noted for all grade, histology, and stage types. We found significantly decreased survival among AA women with cervical cancer compared to EA women, which persisted even among AA and EA women with the same disease stage, grade, or histology. The causes of these disparities are most likely multi-faceted and interdependent. These findings emphasize the need for intervention into the myriad of factors ranging from the biological and genetic to the environmental and structural barriers impacting cervical cancer mortality.

(4) Cervical cancer in South Carolina: epidemiologic profile

Savoy JE, Hurley DM, Brandt HM, Bolick-Aldrich SW, Ehlers ME. *Cervical cancer in South Carolina: epidemiologic profile*. J S C Med Assoc, 2009. **105**(7): p. 227-30.

Summary: SCCCR staff put together an epidemiologic profile of cervical cancer in South Carolina for a special issue of the electronic publication, *The Journal of the South Carolina Medical Association*, in December of 2009. The profile included information on cervical cancer incidence, mortality, and survival in SC. In addition, demographic and other risk factor statistics were included.

SCCCR TRAINING UPDATE

Monthly Training Tools:

The SCCCR BLAST is an educational training tool provided as a service to you from the SCCCR. This email communication offers specific updates, clarifications, and Q & A's concerning coding rules and abstracting principles. All registry reference manuals will be utilized and cited. The BLAST is sent to all SC registrars at the beginning of each month.

Topics originate primarily from questions generated from SCCCR quality control activities or from hospital registrars. Or they may stem from changes in standards that need to be communicated in mass. No names will be included, only the question and answer with reference sources.

Please contact Kathy Barnes, SCCCR Training Coordinator, with your questions, requests for clarification, or information you have discovered that needs to be communicated to your colleagues.

WEBINARS:

NEXT WEBINAR ~ April 1, 2010

Title: GIST

Description: For central and hospital registries. Anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

Remaining Webinars scheduled are:

Date	Title	Hospital	Central
4/1/10	Soft Tissue Sarcoma & Gastrointestinal Stromal Sarcoma (GIST)	X	X
5/6/10	Using Geographic Information Systems (GIS) for Mapping & Spatial Analysis		X
6/3/10	Esophagus & Stomach	X	X
7/1/10	Using CINA Data in Cancer Surveillance Activities		X
8/4/10	Lip & Oral Cavity	X	X
9/2/10	Coding Pitfalls	X	X

All previous webinars are available for review by recording. Participants will be required to link to the recording page with the viewer. The free viewer will need to be installed on the computer playing the recording. If you are interested in obtaining any previous webinars, please email Kathy Barnes at barneskd@dhec.sc.gov

TRAINING:

INTERNET TRAINING:

SCCCR IS PROVIDING NEW 2010 IMPLEMENTATIONS TRAINING

March : SCCCR provided detailed training to all SC registrars for the many changes coming to the registry world in 2010. This included:

* **AJCC 7th Edition** – Mon, March 22, 9:00 – 10:30am

* **Hematopoietic/Lymphoid Manual and Database** – Wed, March 24, 9:00 – 11:00am

Hematopoietic / Lymphoid training modules:

The SEER Instructional Modules are available for review on their website at:

<http://seer.cancer.gov/tools/heme/training/index.html>

- Review the modules in the order they are presented (1-13).
- CEU certificates are available upon successful completion of the quiz associated with each presentation.

SCCCR web-based training was designed to occur after completion of the modules providing an overview.

UPCOMING IN APRIL:

* **CSv2** – Mon, April 12 & Wed, April 14

All three training sessions will Use Microsoft Live Meeting.

Benefits:

- * No extensive time away from office
- * Learn remotely from your desktop / office setting
- * No travel
- * No more carrying new manuals/materials to workshops

Please contact Kathy Barnes, SCCCR Training Coordinator if you have not received detailed viewing information. A recorded version of all sessions will be available for those that cannot attend!

2010 Hematopoietic/Lymphoid Update:

The following has been clarified by the Standard Setters.

Use only the Heme/Lymph Manual & Database for cases diagnosed 1/1/2010 and after.

DO NOT use/reference the Abstracting and Coding Guide for the Hematopoietic Diseases (aka: red soft-back Heme book)! Heme reference book was only applicable for diagnoses 1/1/2001 – 12/31/2009. Please document this in your book for quality assurance.

SEER*Rx Version 1.4.1

SEER*Rx was updated on January 11, 2010.

Contains 1 new regimen and 21 new drugs.

There are now over 1720 drugs and over 840 regimens!

Go to <http://www.seer.cancer.gov/tools/seerrx/> to download.

Click the installation program for SEER*Rx 1.4.1 [[srx_setup_1_4_1.exe](#)].

Click setup and just keep clicking next and it will update the older version saved to your desktop. When process is complete, click on the SEER Rx on your desktop and it should read version 1.4.1

Don't forget.....

The SCCCR wants each and every case(s) for every patient in our state and **YOU** make everyone count :)

Thanks, much more information again next time.

FOR YOUR INFORMATION:



Recipe Corner

Margaret Ehlers

Sesame-crusted Tofu

Dietitian's notes:

Serve these "steaks" with soy sauce and a green-onion garnish. Be sure to use firm tofu. Brown it gently so that it loses some moisture before coating it with bread crumbs and sesame seeds, then browning again.

By Mayo Clinic staff

Serves 4

Directions

Cut the tofu crosswise into 12 slices. Place the tofu slices in a large nonstick frying pan over medium heat and cook for 5 minutes on each side. The tofu will brown slightly and lose some of its liquid. Transfer to a plate and let cool.

In a bowl, whisk together the milk, egg whites, 1/4 teaspoon of the salt and the pepper until well blended. On a large plate, combine the bread crumbs, white and black sesame seeds, and remaining 1/4 teaspoon salt. Mix until well blended. Dip a tofu slice into the milk mixture, and then dredge in the sesame seed mixture. Repeat dipping and dredging with the remaining tofu slices.

In a large nonstick frying pan, heat the oil over medium heat. Arrange the tofu slices in the pan and cook, turning once, until lightly browned, about 3 minutes on each side. Transfer to a plate and keep warm. Add the green onions to the pan and saute until they begin to brown, about 3 to 4 minutes.

Divide the green onions among individual plates. Top each serving with 3 tofu steaks and serve immediately.

Nutritional Analysis (per serving)

Calories 265 Protein 24 g Carbohydrate 17 g Sodium 391 mg Fiber 6 g

Total fat 14 g Monounsaturated fat 4 g Saturated fat 2 g Cholesterol 0 mg

Source: This recipe is one of 150 recipes collected in The New Mayo Clinic Cookbook, published by Mayo Clinic Health Information and Oxmoor House, and winner of the 2005 James Beard award.

Ingredients:

- 1 pound firm tofu, drained
- 1/4 cup fat-free milk
- 2 egg whites, lightly beaten
- 1/2 teaspoon salt
- 1/4 teaspoon freshly ground black pepper
- 3 tablespoons plain dried bread crumbs
- 2 tablespoons white sesame seeds
- 1 tablespoon black sesame seeds
- 1/2 teaspoon sesame oil or canola oil
- 12 green (spring) onions, ends trimmed, cut in half crosswise, then halved again lengthwise

SCCCR Word Fun

N Q G P P M N E O P L A S M M C Y R S F
J A F X A F E K L B M K L A N O T E U L
R A N I B E W T O Y Z S L Z I L I G L N
O E Z T M X P V A T M I E Y S O R I P S
E C N E D I C N I S G P S E C R A S B H
T U M O R G U H R N T P H P R E P T E S
U O D U V Z J T A F O A N O E C S R W G
Y C A S E F I N D I N G T T M T I Y I N
M E Y E B B T U B K D T G I K A D G J W
A M O N I C R A C O N E D A C L X H E Y

Search Terms

- Adenocarcinoma
- Biopsy
- Casefinding
- Colorectal
- Disparity
- Incidence
- Lymphoma
- Malignant
- Metastatic
- Neoplasm
- Registry
- SEER
- Tumor
- Webinar
- Webplus

Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Selena Summerson at summersl@dhec.sc.gov

Central Cancer Registry
810 Dutch Square Blvd. Ste 220
Columbia, SC 29210
Phone: 803-731-1419
Fax: 803-731-1455

<http://www.scdhec.gov/co/phsis/biostatistics/SCCCR/SCCCRmain.htm>



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